Migration and the future of health care work: How to build back better

Margaret Walton-Roberts | Wilfrid Laurier University, Canada
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1. The Future of health care work

Human-Robot interaction (HRI)

• Humans at the heart of health care:
  • “Technical solutions should also integrate social and ethical issues...This means that humans should be at the heart of production developments, with machinery (including robotics) used as supportive or assistive systems” (Moniz and Krings, 2016, 16).

• Task shifting not replacement of workers
  • “Care robots have the potential to open up new technologically-facilitated global care chains, further globalizing care at the local level, and serving as fulcrums for new assemblages of techno-welfare.” (Wright, 2019:349)

Robotic nurses
Automation and Artificial Intelligence

IntelyCare, a Boston nursing staffing agency present in 20 US states, ended 2020 as one of the Fastest-Growing Companies in Massachusetts and U.S. The company uses advanced algorithms in combination with gig economics to strategically allocate staffing resources and allow nurses smart control of their own schedules. Demand for their services increased 106% between 2019-2020 (Intelycare Press Release 2020).

Technology and restructuring the professions.

• Tele-professionalism unrestrained by geography, **disintermediated** traditional professionals. Paraprofessionals step in and **re-intermediate** the interaction; surgeons who can decompose their work and bring in paraprofessionals to provide empathy and F2F guidance for patients (**medical tourism** has provided rich details on this level of intermediation (Kaspar 2019)).

• “many nurses will eventually become higher-level **delegators**. Overseeing patient care and **coordinating other workers** and technologies to ensure care is delivered appropriately will become the new nursing roles” (Glauser 2017).
2. Migrant health care labour-part of wider workplace changes (cf Coe, Kelly and Yeung, 2020)

- Deteriorating and precarious working conditions
  - Increased patient workloads, long working hours, shift work, poor infrastructure and staff shortages, budgetary constraints negatively affect working conditions (Manyisa and van Aswegen, 2017) (migration driver).

- Subcontracting and agency work
  - nurses choose agency nursing for a variety of reasons (shift flexibility and avoidance of stressful responsibilities key among them) (Simpson and Simpson 2019). This has also been reported in the Canadian case (Picard 2021).

“4,000 of Quebec's 61,000 nurses left their jobs between March and December, 2020. In the same period a year earlier, 2,800 nurses quit. That's a 43 per cent increase, year over year. Another 7,700 Quebec nurses are on sick leave - a 28 per cent increase in the past year.” Globe and Mail February 16th 2021.
• Expanding care work -places of work
  • About **half of regulated healthcare workers work in hospital settings**, NP more focused in **community care** (autonomous).
  • Aging societies results in changes in the nature, sites and skill mix of those involved in care. PSWs in private homes and LTC with more **complex care cases**, but less and less time to provide care.

• Globalization of health
  • BPO offices for health services.
  • “Health industry capital has found it increasingly difficult to generate profit internally in their home countries. … keke stimulus for attacks on wages and working conditions generally…with US and EU-based health providers coming dominate global markets.” (Public Service International 2020, 10).
  • Private LTC

Breakdown of LTC Facility Ownership in Ontario  
(Source: Based on OLTCA data)

<table>
<thead>
<tr>
<th>Type of Care Facility</th>
<th>Description of Care Provided</th>
<th>Mix of Workers Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Living Communities</td>
<td>Housing communities for seniors who are able to care for themselves</td>
<td>No medical workers or PSWs, but these can be hired separately</td>
</tr>
<tr>
<td>Assisted Living Facilities</td>
<td>For individuals needing minimal assistance.</td>
<td><strong>Employ PSWs to offer light support</strong></td>
</tr>
<tr>
<td>Residential Care Facilities</td>
<td>For those needing moderate levels of assistance.</td>
<td><strong>Employ PSWs and nurses.</strong></td>
</tr>
<tr>
<td>Continuing Care Communities</td>
<td>Ranges from independent living to intensive medical care.</td>
<td>Employ <strong>PSWs and nurses.</strong> Doctors may be available</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>Care for very dependent patients and offer 24/7 assistance.</td>
<td><strong>Employ PSWs and nurses.</strong> Doctors may be available</td>
</tr>
</tbody>
</table>
• Segmentation and inequality
  • Medscapes’ (2020) report on female Physician compensation—men consistently received greater compensation than women across all racial groups.
  • Hierarchy-Hourglass labour segmentation. Health care cadres, (regulated/unregulated) increasingly specialization, differentiation and segmentation of scope of work (see table 1).
  • Inter-professional collaboration necessitates transcending negative stratification to improve care and develop “best practices to foster group cohesion and interprofessional teamwork in a supportive environment.” (Boscart et al 2017, 584).
3. COVID-19 revealed and intensified HRH challenges

- **Shortage** of health workers key to some of the top service disruptions during COVID19. (Pulse Survey)
  - 49% due to clinical staff deployment to other COVID-19 services, 44% lack of PPE.

  - Nearly all respondents (96 %) said their daily experiences at work have become exponentially more stressful due to the presence of COVID-19.
  - 83% feel like their mental health has been adversely affected by their work,
  - 67 % say they don’t have adequate mental health support to face the second wave of COVID-19.

- **Intl Council of Nurses**: “a global phenomenon of mass trauma experienced by nurses...”
  - Infections: on average around 10% of all confirmed infections are of HCWs. (infections in nursing workforce: 45% Iran, 21% Mexico). Still lacking in standardized data collection.
  - Burnout mental health distress, isolation.
  - Inadequate PPE, violence, discrimination, PTSD, misinformation
• Across OECD 24.2% doctors and 15.8% nurses are foreign born.

• OECD “During the #COVID-19 pandemic, many OECD countries have recognised #migrant health workers as key assets and introduced policies to help their arrival and the recognition of their qualifications.”

• Philippines-Nurse Deployment bans. India emigration restrictions

While the lifting of the travel ban was a “welcome development”, Maristela Abenojar, President of Filipino Nurses United, challenged the government to make good on its commitment to give its nurses better pay and benefits if it wants them to stay. (Aljazeera.com 2020/11/21).
Graph of % change in HS direct FT FY applications to **Ontario university programs** for Fall 2021, as of Jan 16, based on OUAC data. http://eduvation.ca/2021/02/the-amazon-fauci-effects/
4. Building back better: re-commit to the code and ILO conventions

• COVID-19 has **reinforced** the significance of the work of the WHO High Level Commission on Health Employment and Economic Growth (2016).

• The commission called for the development of **The International Platform on Health Worker Mobility** objective: “To facilitate robust policy dialogue and action on health labour mobility through strengthened monitoring, country support, knowledge generation and sharing, and through strengthened support to implementation of the WHO Global Code and relevant ILO Conventions and Recommendations.”

• Ethical recruitment models, health solidarity, bilateral fair migration schemes, there are **several initiatives** that states can use to become better partners in global health and gender justice.

• Develop migrant **pathways** that include permanent settlement, career laddering, **gendered audits** of immigration processes and pathways. Continued focus on Fair access to professions.

https://www.who.int/hrh/migration/int-platform-hw-mobility/en/
5. Conclusion

- Health care is subject to technological change, but result is task shifting rather than displacement (will remain labour and capital intensive).
- Increased use of migrant health care workers part of wider system changes reflecting various transformations in working conditions.
- COVID-19 pandemic has revealed and intensified HRH challenges, but also precipitated some positive changes.
- Building back better includes recognizing international health workers as part of domestic response. Must connect the dots between national and international labour supply and review the nature of internal occupational segmentation, enhance fair migration, fair access to professions, career laddering, decent work agendas.
Thanks